

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	2					
4	2					
5	1					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14						
15						
16						
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47						
48						
49						
50						
TOTAL IND.	1		1		1	
TOTAL DEP.	14		14		14	
TOTAL CLAIMS	15					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy